

POSITIC	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	2/15
FORMALITY REVIEW	H-5	866	63.29.01
RESPONSE FORMALITY REVIEW	01	825	6/13/01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	8-2-03
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Claim	Date
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BEST AVAILABLE COPY

CC-  
03-20-01

If more than 150 claims or 10 actions  
staple additional sheet here

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